

**Working in the Time of COVID-19 Oral History Project**  
**Labor Archives of Washington**  
**University of Washington Libraries Special Collections**

**Kathryn Brehe**  
**Registered Nurse, Harborview Medical Center**  
**Union Delegate, SEIU 1199**

**Narrator:** Kathryn “Katy” Brehe

**Interviewers:** Conor Casey

**Subjects:** healthcare workers, nursing, coalition bargaining, contract negotiations, grievances, arbitration, furlough, unemployment benefits, hazard pay, EDI, unstable housing, housekeeping, technology gap, patient advocacy staffing

**Location:** Seattle, Washington via Zoom

**Date:** December 18, 2020

**Interview Length:** 01:08:12

**File Name:** BreheKaty\_2020\_C19\_Video\_Interview\_Completed.mp4

CONOR CASEY 00:00:17: Good morning. This is Conor Casey as part of the "Working in the Time of COVID-19 Oral History Project," which is a project of the Labor Archives of Washington. Today is December 18, 2020. It's 9:41 am. And I'm recording from my apartment in Seattle, Washington. Today we're going to be interviewing Katy Brehe, who is a healthcare worker at Harborview Medical Center in Seattle. Katy, thank you so much for being green to be a part of the project today. Sherry, I just wanted to make sure it's okay with you if we record this and share it with the public.

KATY BREHE 00:00:56: Yes, it's fine to record this and share with the public.

CONOR 00:00:59: Okay, thank you so much. Let's see. I wonder if you might be able to first spell out your first and last name just to make sure we have it right for posterity.

KATY 00:01:13: Sure. My first name is Katy, full name Kathryn, I guess K-A-T-H-R-Y-N last name, Brehe, B-R-E-H-E, but I go by Katy.

CONOR 00:01:26: Okay. Thank you.

CONOR 00:01:29: And how old are you? Where

CONOR 00:01:30: were you— What's your birth date, and where were you born?

KATY 00:01:36: My birthday is May 24, 1985. I was born in Korea, but I was adopted as a baby. So I grew up in Montana.

CONOR 00:01:45: Okay, thanks. Um, and what gender if any, do you identify with and what are your preferred pronouns?

KATY 00:01:52: I'm female. And she/her is the pronouns I prefer.

CONOR 00:01:58: Okay, thanks. It'll help make sure that we transcribe correctly and everything. Yeah. What race or ethnicity do you identify as and the other side question is, how important is your racial or ethnic background to you? We're asking everybody that.

KATY 00:02:12: Oh, sure. Um, my race, Korean, and *(pauses)* it's, that's— I don't know. That's an interesting question. Because I was, like I said, born in Korea, but I was six months old when I was adopted, so—and my parents aren't Asian. My parents are Caucasian. So I really had no interest looking into my heritage until I was more college age. I went back to Korea when I was just finishing school, college, and took an Asian history class. So it's part of my identity, but I've actually found a community and I have close friends of other Korean adoptees So yeah, I love Korean food. But I wouldn't say it's a huge, huge part of my identity, being Korean, but it's definitely part of who I am. But more identifying with that being adopted, but that was definitely not how I grew up or my background. how I was raised, I guess.

CONOR 00:03:26: Thank you. Thanks. We're trying to decenter normative assumptions, and so I really appreciate that you're willing to go through that nuance.

KATY 00:03:36: That's a great question, because I don't actually speak Korean either *(laughs)*

CONOR 00:03:41: I wonder whether we can talk about: what are your broader community contexts? Like, can you talk about what social, political, ethnic, racial or religious communities you originally—you regularly connect with? Or you identify with, if any?

KATY 00:03:57: Sure. Yeah, I would probably categorize myself as agnostic. So I don't really have a strong religious background. I grew up going to church, I went to a Catholic college. I very much have respect for religion, but that's not something I personally identify with. So I'd say some of my close—I'm close with my family. And I'd say working at Harborview and working as a nurse the last 13

years, a lot—a big part of my community is my coworkers just because it's someone that understands exactly what we go through, which is a unique experience. And we do have to work weekends and holidays. So that essentially becomes a second family that you celebrate those milestones with, with that group of people as well.

CONOR 00:04:53: Yeah, thank you. And where do you live now, Katy?

KATY 00:04:58: I live in Seattle, Washington. On North Beacon Hill.

CONOR 00:05:01: Okay, thanks. Um, so you touched on this, but I wonder if you could just talk about what your occupation or profession is.

KATY 00:05:11: Sure. I'm a registered nurse. I work at Harborview Medical Center. My background is: I've worked there since 2007. I started out for three years on an acute care unit that was trauma surgical. I've, since then been in the trauma, surgical intensive care units. I also am an ECMO specialist. So that's a person that basically helps run a machine that—it's advanced form of life support extracorporeal membrane oxygenation is what it's called, but two versions, essentially, lung bypass or heart lung bypass.

CONOR 00:05:51: Thank you. And so am I correct that— Are you saying that your first job in the industry was at Harborview and that was 13 years ago in 2007?

KATY 00:06:03: Yes, correct.

CONOR 00:06:05: Okay. And have you been working at Harborview the whole time?

KATY 00:06:10: Yes, Harborview is my first job as a registered nurse. When I was in college, I worked at assisted living home and another hospital as a hospital assistant. But yeah, Harborview's been my place of employment since I've gotten my license. I also, at the hospital, am a union delegate for SEIU 1199.

CONOR 00:06:31: And so have you been a member of 1199 since you started at Harborview?

KATY 00:06:38: Yes, I've been a member, although I would say I wasn't very active in the Union until about two years ago. I did my bargaining of the first— We do bargaining for contracts every two years, and 2019 was the first year I ever participated in that.

CONOR 00:06:57: I wonder if— You've mentioned a couple different capacities that you've served in ,offices that you've served in the Union. I wonder if you could kind of run through the different ones that

you've been— Could you talk, could you list the different committees or offices that you happen to serve in the Union?

KATY 00:07:12: Yeah, sure. So my title is a union delegate for SEIU 1199. But this last year, I've been interim co-chair for the nurse staffing committee. Unfortunately, the other co chair, contracted COVID-19, and was out for several months. And then I've been chairing our joint labor management JLM meetings as well. And then, since COVID, we've been actively bargaining. Sometimes as frequent as once a week, over different issues such as COVID and PPE protections, we've had to bargain over furloughs, redeployment of employees. So there's a lot that we've been actively bargaining even though this isn't a normal bargaining year.

CONOR 08:01: And I wonder whether you can run me through a typical day, which I know is kind of a loaded question because probably you don't have (*laughing*) a typical day. Could you run me through a typical day of work before the pandemic, from the time you woke up to the time you went to bed.

KATY 00:08:16: Sure, um, I work night shifts. So usually I wake up at 4pm. drink my coffee, eat dinner, head to work. Before the pandemic, I would mostly be on my unit of the trauma surgical intensive care units. We are most busy in that summer season where people are out and about. We see a lot of motor vehicle accidents, some what we call penetrating trauma, such as gunshot wounds, stab wounds. I'd say, in the Pacific Northwest, it's a very active community. So we do see some outdoor accidents. And then we also see patients, as the only level one trauma center in the four state area, from Alaska, Idaho, and Montana. So usually, coming on shift, our patient ratios are one to one or two to one. If they're acute care status, we may take three, but usually at night is when we do a lot of admitting. So we'll empty out some of our beds and be admitting traumas throughout the night. Which can be—you'd think people are sleeping at night, but that's not always the case. (*laughs*) Where I work, we're busy throughout the whole 24 hour period. Go home at 7:30 typically, and, if I work the next day, go immediately to bed and start the day over or the night over, I should say.

CONOR 00:09:4: And how has your work been disrupted by the pandemic?

KATY 00:09:47: Sure. Ever since the pandemic, now I've mostly been working in the COVID intensive care units. This type of unit did not exist before the pandemic. They had to convert two separate units into a COVID ICU and a COVID acute care. Like I said earlier, I'm an ECMO specialist. That has been one of the most intense therapies that we can offer COVID patients. And we've seen much higher volumes since COVID has happened than we've ever seen before. This is not the only therapy for COVID patients, and we use this therapy for many different other types of patients. But because of that, I've spent very little time on my home units. Go into work now and we have to dress very specifically, we can't bring our badge in our the room, our phone, we've been wearing these long socks to either tuck our scrubs in or roll up the scrub bottoms, so they're not dragging on the floor, really shouldn't be wearing any sort of undershirts. We'll have pieces of tape that we'll write our name on, and then gear up

in our personal protective equipment. When I'm doing ECMO, we can't leave that machine, we have to be with a patient and watch that machine the whole time. So we'll be sitting there for pretty much a 12 hour shift. We will get break coverage for lunch and then I leave, go home, change into new scrubs. But when I go home, I immediately shower. And that's been very much my time this summer. And it's not only COVID positive patients, if we have patients come in that we don't know their COVID status, and they can't tell us, like if they have a breathing tube, we have to assume that they have COVID until we test them and they roll out. And so this can be any type of patient. We've had multiple trauma patients where we've transfused over 100 units of blood in a night than surgery at the bedside. And you have to do that in full personal protective equipment. And so this has made it extraordinarily difficult even in patients if you don't have COVID. So this has wide-reaching effects on all types of patients.

CONOR 00:12:13: And can I just confirm that you were designated frontline or essential worker by the governor's order that healthcare workers were?

KATY 00:12:22

Yes, correct. And I've also been designated because I have such frequent contact with COVID positive patients in tier one. So I'll be getting my vaccine later today.

CONOR 00:12:34

I don't know if you're supposed to say congratulations. Congratulations! It's such a bleak time, you know?

KATY 00:12:41: No, thank you. It is something to celebrate. I feel very fortunate actually, that I do qualify for that tier one. Um, so yeah, I do feel very lucky. Because I know there's a limited amount of vaccines. So yeah, I'm very fortunate.

CONOR 00:12:58: And I wonder if you can talk about the ways in which you felt impacted about your health being threatened, or if you felt like your health was being threatened on the job as a result of the pandemic?

KATY 00:13:10: Sure, I think that's multifactorial. Of course, there's a lot of fear, especially early on, because there's a lot that we didn't know. I'd say that subsided a little bit, because we know so much more about the vaccine. And we actually do have a lot more research that if you're wearing the personal protective equipment correctly, we are protected. I've literally sat next to a COVID positive patient now for months and months. I've been tested three times and I've had my antibodies tested and I've been negative the whole time. So that's reassuring. I think a lot of—some of the difficulties is mentally, I don't think any of us realized how long this was going to go. So just—it's mentally exhausting, emotionally exhausting. We have—I have seen a lot of patients suffering. We limit visitors. So usually when family support, which is so important, that we're normally meeting the families, close relationship with the families—that's all done over the internet. And we have to remember, too, a lot of our patients don't

have access to a phone or the internet. And so some of these disparities have been really highlighted even more throughout this pandemic. Or maybe they do have the internet but they're working because they have to work to support their families so they're not—they don't have the luxury of being at home, waiting for the phone call from the healthcare worker for a status update. And then I think there's been a level of frustration with the response from the federal government. Being an Asian-American, when I hear, you know, my own president use the term "Chinese virus," that's a huge level of frustration. And then even differing opinions, and, you know, my own family about not my immediate family, but you know, aunts, uncles that may have differing opinions about the seriousness of the virus, or friends, close friends. It's been really controversial. And I do want to respect other people's feelings about the virus and—but that's been really difficult when we're seeing firsthand some of the suffering and you also hear in the news, people believe it's fake, or even trying to break into hospitals to get footage to really see if hospitals are truly full. So that's been, I think, a level of frustration for healthcare workers. Or when they see other healthcare workers saying they think it's fake. I personally, you know, take offense to that, because I think it's—we're not on a united front and united message about the seriousness of this pandemic.

CONOR 00:16:16: Did you all at Harborview, always have enough personal protective equipment throughout the pandemic?

KATY 00:16:23: I feel very fortunate, I think U dub [University of Washington] and Harborview's response has been a lot better than other hospitals. Working directly with the COVID positive patients, I have felt like I've had access to the proper protective, personal protective equipment. I will say I think a lot of this has been driven because we are unionized. And throughout this whole pandemic, we've had conversations currently, even now, we have weekly meetings with administration and management on issues like access to PPE, accurate counts of what the hospital has for PPE. So I think that is largely in part with direct care workers, talking with administration, letting them know what we need and getting that. There are some areas I do have concerns. It's so controlled in the inpatient setting, but there are different outlets of Harborview where people are working a little bit more directly with the community, like respites, where people are coming in and out. Currently, if you're a patient, that's inpatient. Because of the pandemic, you can't just go in and out all the time and so I really worry about some of those workers at risk. They haven't had access to N95s and they've really been wanting that. Also, there's some screeners that are doing a lot of testing for COVID that have expressed a desire to have access to N95s, and some don't feel that way. But I think it's some of those ancillary areas, people going into patients' homes that have wanted a little bit more access, where you have less control of the environment. I'm in rooms that are negative airflow, the air gets switched every 15 minutes. So those are the areas that we're still advocating for. And there is always that worry, like I said, we didn't know this would be going on this long. Are we going to run out of PPE? So that's always a concern as well.

CONOR 00:18:32: Do you know, if there's any efforts among those groups of workers to try to obtain it for themselves, or how they've done that?

KATY 00:18:40: I think there's been some that have. And that's, again, continual conversations that we have with administration that, really, it shouldn't be on a worker's own dollar that they're trying to buy it for themselves, and you almost really can't buy your own N95s. It's pretty much impossible to go out there and buy that supply. We have to remember, too, not everyone fits in N95. There's many different versions, and we actually have to be fit-tested. And that mask is only as good as the fit. I have many co-workers that don't fit all types of N95s. I only fit one version. And in that case, we wear what we call a PAPR. But it's an air purifier. It's kind of those— it looks like a bubble helmet. And some workers are only really protected with aerosol-generating procedures with that type of air purifier. So an N95 is not a 100% guarantee, as well.

CONOR 00:19:48: I wonder if you can reflect on the way in which staffing changed during the course of the pandemic, you know, from the, from the I guess spring to summer to fall to winter.

KATY 00:20:00: Sure, staffing has been a huge challenge. And even before COVID, staffing has been a challenge as well. Definitely, we've had a lot more sick calls. And it's really tough to staff the units, because if staff are exposed, if we have any symptoms of COVID, we can't come to work, which I think is a positive thing. I think there was an unhealthy practice before COVID, where, even if you had a little bit of a sore throat, a slight cough, you would just come to work because you know you are needed. And that, you know, if you called in sick, there was going to be no replacement. And now, we really just can't do that, because we have to protect each other and protect our patients. And that really should have been happening before COVID. But we've been extremely tight with staffing, there's been efforts throughout the hospital to bring in traveler nurses, but they're needed in every single hospital, I would say, in the country right now. And the rates are super competitive. As a county public hospital, [Harborview] doesn't have the resources as some other private entities. So, a lot of the times, we've been very, very short staffed. This is, again, something the union's been advocating and talking directly with management about because there are studies out there that with worse staffing, there's increase in mortality, increased hospital acquired infections. So it's really the patients that are suffering due to these staffing issues. I will say also talking to other nurses that I know that work in other states, other hospitals, it's even worse than it is at Harborview. Some of the employees at Harborview got deployed down to Texas. And there was literally not enough staff to turn patients. You'd get these huge pressure sores from being prone. That's a therapy for COVID patients where you're basically lying on your stomach. And it's just really horrible to hear, because it just seems so unnecessary if we had the proper staff. But it's difficult because a lot of the different healthcare worker positions, you know, we go to two to four years of school and we've had years of experience and you just can't plug anyone in to do that job to have that expertise. And nursing is hard work as it is. Again, before COVID, there is a lot of turnover. I know one study that says nurses within, I think it's our first three or five years, will leave the profession for something else totally because it's so hard. So it's always a continual issue and it's only getting worse, I feel like, as we continue to surge. And

CONOR 00:23:13: Did I understand correctly, I think you quoted a statistic in our annual event that during normal times, Harborview is at about 100% capacity. So now it's like not only the normal group of people that are coming, but also all these new COVID folks, is that right?

KATY 00:23:29: Yeah, Harborview is always incredibly busy. We do a lot of what we call boarding patients. So all the beds are full. So they're boarding in the ER, and you'll see patients in the hallways. And with COVID, you just can't do that. You can't have a bunch of patients, we don't know their COVID status, or maybe they're positive, in the open hallways. So that's been a huge, huge challenge. Harborview is part of the U dub [University of Washington] system. And there's been a lot of efforts partnering with U dub Montlake to try to move some of these patients to other entities in the U dub facilities just because of this issue, and they're literally trying to find any nook and cranny to make beds at Harborview to house these patients safely, as well as keeping staff safe. So this has been a huge problem. And I think the Seattle area has grown as well. That's also contributed to that. A lot of people have been moving to the northwest and that doesn't mean that you can make a bed easily and the hospitals are licensed for a certain amount of beds as well. So they can't just make an indefinite amount of beds just because.

CONOR 00:24:52: You mentioned a little bit about how there's been negotiations ongoing that relate to the union and the contract, as it relates to the pandemic. Can you think of that and other actions that may have happened more informally? Or on the job site that relate to the pandemic or workers taking a stand about working conditions or any issues about that?

KATY 00:25:17: Yeah, sure. Um, as far as the union work, there's been a lot of negotiations. I think, initially, really, we had an MOU, Memorandum Of Understanding, basically saying that workers have access to personal protective equipment, we have the training to use it properly. Also, part of that contract was a lot of the bus systems were, or public transportation were limited, so access to free parking, all those things that you wouldn't think about, but that's essential to get healthcare workers safely to the job. Also, protections around that of workers advocating for themselves for personal protective equipment, for patient safety, that our jobs wouldn't be threatened. And I've seen it in the news: there was a doctor in Bremerton that was speaking out and he was fired, other healthcare workers in the country that have spoken out and have lost their jobs in a pandemic when they're so needed. So those have been really, really important protections. And that was early on when the pandemic first started. Come the spring, we saw furloughs and we were bargaining very quickly over terms of furloughs. And that was so quick because, as the first surge kind of subsided, hospital's end of the fiscal year is end of June. And suddenly the hospital was seeing a huge shortfall in revenue because we had to shut down a lot of planned surgeries. And so suddenly, healthcare workers that are in the news, being called heroes, the quote everyone was saying was "heroes to zeros" because suddenly everyone was being furloughed and I shouldn't say everybody but every single respiratory therapist at Harborview got a furlough notice. In the end, not every respiratory therapist was furloughed, because the hospital realized they were so needed, but it really felt like a slap in the face for a lot of workers. And I will say I



do understand that it was to prevent layoffs, but a lot of the terms that the Union bargained were: we wanted at least week-long furlough so people could actually qualify for unemployment benefits, full unemployment benefits. That people's visa status wouldn't be threatened by furlough. There were concerns because not all the healthcare workers are US citizens. And we needed a lot of—we did not want those workers' visas being threatened. That was a big concern. So that was a lot of the conversation around furloughs, and that people's jobs were protected, that this temporary layoff didn't turn into a permanent layoff. Now, bargaining has been throughout the summer, looking at, again, as we surge, redeployments. Rather than furloughing staff, can we move some of those staff members to other areas that are needed, like TOs, which stands for trained observer that, really watch some of the workers going in and out of COVID rooms, properly put the equipment on, help us take our equipment off. We have to be fully wiped down and make sure we're doing it properly, that we're not contaminating anything else, ourselves, our environments. And now really staffing because people are tired. Like I said, there's been a lot of sick calls. And I think a lot of that's related to if we have any symptoms, but also I think people need a mental health day because they are literally so mentally exhausted. And I mean, you can just feel it on the unit where people are just tired. You tend to snap at each other, less patience, and so it's really trying to get through this last bit. But even with the vaccine coming out, we know it's still going to be months and months before things will hopefully get better because the vaccine's not going to the general public is not going to have access to the vaccine right away. It's essential workers, the elderly. And just because I get the vaccine today doesn't mean I have to—I can change my practice, I'm still gonna have to mask, we're still gonna have to do those proper precautions. So we're still looking at months and months of very tough working conditions.

CONOR 00:30:07: Overall, how do you feel like your workplace's management has responded to the pandemic?

KATY 00:30:17: I'd say again, overall, I think U Dub has done a much better job than a lot of other hospitals in the country. But I think, that said, because of the work that the union has done in partnership with administration, I think that's so important that it's prevented Harborview and U Dub from being one of those hospitals that have not protected their employees. I had a co-worker that went to Chicago to help out, they were given rain ponchos for PPE. We've seen a lot of news stories out in New York—people wearing garbage bags. I had other co-workers that went down to Texas, like I mentioned earlier, and not only personal protective equipment, but they were running out of basic supplies. An example is IV tubing. When we're administering the medication propofol, our standard is to change that tubing every 12 hours. I was told, because they needed to save some of that IV tubing, otherwise you would have none at all, it would be weeks before it was changed. So there's been some very scary and horrific working conditions. With that said, I think the university could always do better and we're continuing to meet. In pushing them and collaborating with, there's still a lot of needs from workers and that continues to evolve as the pandemic evolves. But again, it's not what the employer can do for the worker, it's what the worker is advocating for themselves and in partnership gotten from their employer, from U Dub, because workers are able to say this is what we need, how can we work together to get those things?

And, again, it's not just what workers need. It's patient advocacy. This is what workers need so we can give really good patient care so patients are safe as well, and their families are supported.

CONOR 00:32:31: You've talked about how you're pretty you know, unemployment was an issue for you, that you've been pretty steadily busily employed during the pandemic. Have you accessed any—you or your family—accessed any government or community support, or benefitted from any support networks during the pandemic?

KATY 00:32:55: I would say early on, I mean— Some workers when they were furloughed, did end up getting unemployment benefits. As far as community support you could definitely tell early on. I was talking about when we go and COVID rooms, we have to have long socks to tuck our scrubs in, we actually got donated a lot of socks, which was so nice, because we're all in the same uniform in our peepee. And it was the only kind of personality you could put into your work uniform. Some of the socks that were a little bit quirky or funny. It did lighten the situation, such a serious situation. Early on, I know a lot of restaurants did donate food. Right now, that's not a safe thing to do. We can't have any potlucks, no sharing of food. If people donate food, unfortunately, we really shouldn't be eating it right now because of concerns as we're surging. But that was huge. I even went into a grocery store and I had someone say thank you. And it really took me aback. I was like, Oh, you know, because this is just my North feels like my normal job. I will say that it has been tempered. Early on, I did have some fears, being a healthcare worker that is Asian that I would experience some racism. That didn't happen personally. But I did see some articles in the news where other Asian American healthcare workers would be in their scrubs on the way home and that are taking directly care of patients and have comments, said, "Go back to your country, you're spreading the virus," that sort of thing. Luckily, that's not what I experienced. But that, you know, was something that went through my head and a fear.

CONOR 00:34:55: Do you recall any specific talks that you really appreciated, that were donated

KATY 00:35:01: Oh, so I have two cats. *(laughs)* So I pretty much only wear cat socks to work.

CONOR 00:35:08: And how about any, like, of the meals that were donated? Do you remember any, like ones that y'all particularly enjoyed, or ones that you're excited about getting donated?

KATY 00:35:17: Um, I would say, the ones that felt really special to me were from a lot of the local businesses in Seattle, because, you know, knowing that they're going through such a hardship right now, and that they were still able to donate food to healthcare workers. That really meant a lot. Because, you know, there is some guilt when we're telling people don't go out, don't go to businesses, don't eat out. But this is these are businesses that I used to frequent and I know that are struggling or may close. That's really, really tough balance.

CONOR 00:35:59: Did you ever get sick during the pandemic?

KATY 00:36:03: Um, no, I haven't been sick during this pandemic, luckily.

CONOR 00:36:07: And beyond patients, did you know of any friends or family members or co workers who did?

KATY 00:36:15: Yes, um, I've had, I've known some co workers have gotten sick. One co worker that even had a breathing tube, younger than me, did CrossFit— That was early on, that was very, very scary for a lot of us. We know of a doctor not employed at Harborview, but another local hospital that was so sick from COVID that he was on ECMO. I saw a news article recently that he's back to work on the front lines, continuing to fight the pandemic, which is really inspirational. Another co-worker that was infected early on, and she's still not back to work yet. My brother's a police officer, he got infected in Montana because there's a lot of exposure in the community there. My grandma lives in a nursing home in South Dakota, and every single resident in that nursing home, got COVID. And that was really frustrating for me, because there was no masking there. And currently, now, their policy is anyone can come in because the manager of that skilled nursing facility said, "It doesn't matter. Everyone has COVID."

KATY 00:37:40: And luckily, she's alive. But just to know, that was happening to my own family, and she didn't have a lot of control over that situation. And my grandmother didn't leave the nursing home so you know it was brought in. *(pauses)* And I'm not blaming, and I want to, and I want to say I'm not blaming those healthcare workers. I think there's a lot of responsibility from like the federal to the state to the local to the employer level, about getting healthcare workers what they need to protect themselves and their patients. So I want to be clear about that, too. I don't think it was intentional that, you know, the the people taking care of my grandma wanted to bring that in, or brought that in, but that was probably the most likely scenario.

CONOR 00:38:34: What do you think the most challenging parts have been about this whole time?

KATY 00:38:42: I would say just the the hardest parts? That's a really tough question. I would just say, the mount of anger and, you know, the polarization we have in this country right now. I know, people say this isn't a political issue, but I think this issue has really torn some families apart, friends. Um, and I think that's really, really sad to see.

CONOR 00:39:21: I wonder if you can talk about if any of your meetings have moved online and what that process of kind of evolution has been like?

KATY 00:39:31: Yeah, Harborview, and U dub went early on to all Zoom meetings. Just for safety. A lot of classes have all gone to zoom, or the internet or were just canceled for a time. So that has been easily accessible for workers, which I think is a very positive thing.

CONOR 00:39:41: Do you feel like that technology has been sufficient for you and how has your organization worked to address tech gaps or Wi Fi things or training for the people that are part of your colleagues that are part of those meetings?

KATY 00:39:49: Yeah, I think the the biggest help technology has given is not just for workers and us having meetings, but again, giving access to families to their loved ones that are patients that can't come into the hospital. There's been a lot of effort to provide that so families can see their loved one. But I do want to temper that with it really has shown some of the disparities for certain groups that maybe don't have access to a computer, don't have access to the internet, maybe live in a different country that doesn't have consistent Wi Fi or internet. So that's been the biggest challenge. We don't want to leave those patients behind. And not give them really good care that someone that might have easy access to being at home, not having to work right now or can work from home the same access and care.

CONOR 00:40:27: Do I understand correctly that 1199 bargains with hospital systems—different individual hospital systems, different contracts, rather than the master contract for the entire industry?

KATY 00:40:34: Yeah, so at Harborview, many of the workers are union members, are with SEIU 1199. But there's certain workers that are also with SEIU 925. Other workers that are with WFSE [Washington Federation of State Employees] at University of Washington, the nurses are covered under a WSNA [Washington State Nurses Association]. So there is a little bit of a variety and difference throughout the hospital systems. Swedish [Medical Center]: majority of their workers are SEIU 1199. We did a lot of what we call coalition bargaining. So getting together with other unions within the entity, and a lot of this was around COVID protections, because we didn't want to leave any groups behind. We wanted to be united. Especially at Harborview, our environmental service staff or housekeeping staff, and our hospital assistants are with a different union than my union as a nurse. So we really wanted to partner with them, because we did not want to leave those groups behind.

CONOR 00:42:05: So do I understand correctly that you already had sort of a—your master contract wasn't being bargained during the pandemic, but the side agreements related to your working conditions as they relate to the pandemic work. Is that right?

KATY 00:42:51: Correct. So our full contract, we bargain that every two years before the end of the fiscal year. But part of that contract says if there is any change in working condition, the union has a right to bargain the specifics over that. So, with COVID, there's been a lot of changes in working conditions so we've been able to bargain over those changes.

CONOR 00:43:16: And I wonder if you can talk a little bit about how you all did that coalitional bargaining process, like how you set joint objectives, and how that played out? It sounds like a really interesting model.

KATY 00:43:31: Yeah, we would actually do that all over Zoom. But it was a good opportunity to meet other workers and advocates from other unions. But a lot of what we're bargaining over is from direct stories and experiences of what different healthcare workers were experiencing and what they were needing. Because my experience in the intensive care unit and my needs is very much different if you do clinic work or if you're out in the community. So definitely varying needs but coming together and saying this is what I'm experiencing, this is what I need. And then I'm going to our employer and saying, "This is what's going on. These are stories. This is what we need to do a good job, to protect our patients, to be protected." And again, having that united front that we're all asking for the same thing and also listening to each other's stories because I have no idea what's going on in the clinics, because that's not my workplace. So yeah, it was a good time to collaborate and also hear what other people are experiencing.

CONOR 00:44:39: Do you feel like the pandemic gave you any leverage in bargaining?

KATY 00:44:48: I think— I always remind myself when we're bargaining we all have truly the same goals. I don't think anyone went into administration at the hospital not to— because the patients and the mission of U dub isn't important. I think, what we need and what we need to get there, those opinions may differ. And so I don't feel like there was one advantage over the other that we had any sort of advantage in bargaining our edge. I think that's always going to be a continual issue is, is trying to— Again, even the word bargaining, it's not "I get what I want, you get what you want it." It's a compromise. *(laughs)* And that is always a challenge because what I'm— Experience is very much different when you're seeing the whole overview of the whole hospital and, unfortunately, I think some of my frustration is the healthcare industry in general. It shouldn't be about money and money generating, but that's how hospitals have to be to function. And so I understand that, but it's really at the detriment of patient care. And so something I think healthcare workers always say is "Patients before profits," but that is a continual message, and it is that balance. But, really, our healthcare system is not set up in the US to put patients first I think.

CONOR 00:46:27: Well, a couple questions about sort of the economic impact of the pandemic were you ever worried about losing housing, due to the pandemic?

KATY 00:46:39: Not myself. I am lucky that I've had this continual work. I'm lucky that I have a partner that has also been working. But I do know that's not been the case for other co-workers that either were furloughed and they're the primary breadwinner, or I had another co-worker that she was renting an apartment and taking care of COVID patients and when her landlord found out because of fear, had evicted her. And she did end up sleeping in our truck for a little bit until she could find alternative housing. [? inaudible ?] And this is, unfortunately a story I've also seen in the news in other areas. So there has been some economic hardships. In the hospital system, yes, I've been busy. But there's other areas that have been less busy or shut down because of the pandemic. And, in bargaining, another

member had talked about that she had been furloughed for almost six months, lives by herself, could barely pay her bills. And she was actually looking to see if she qualified for food stamps. And that was just so heartbreaking that within the University of Washington system, that there are literally employees that their resources are so tight, they're seeing if they can qualify for food stamps. And so for some of those reasons, that's why I'm so active in the Union because I just don't feel that that's right. And, again, a lot of these issues were before the pandemic. Not furloughs, but there's something that takes place at different intervals called fourth rounds, where people get to tell their stories. And there was a sports rounds a couple years ago, where the EVS, manager— EVS [Environmental Services], those are some of our housekeeping staff had said that, at any given time, there was about a dozen workers working at Harborview that were experiencing unstable housing. And, again, that just doesn't feel right that you have people working, trying to make an honest living, and because of their wages, they're experiencing unstable housing. So I think we need to do better for all workers. If you're actually working. People need to be earning a living wage where their housing their food supply is not threatened.

CONOR 00:49:18: Can you reflect on the ways in which the pandemic has changed your social life? And have you done like online hangouts or socially distant hangouts? Or are you mostly kind of isolated because of the health considerations?

KATY 00:49:32: Sure. I would say during this whole pandemic, I've not seen my parents, I've not seen my brother, I have not seen my in laws this whole time. I'd say, with my close friends, we'll Zoom, text, phone calls. I will say the one saving grace of being able to physically go to work—that's pretty much my social time when I get to see my friends because a lot of my friends are co-workers. So that's been my social outlet. I'd say, in the summer, when the cases were a little bit better, I would go on hikes and go outside with a friend but, with how bad it's been, I've really not seen anybody. I'm either at work or the house. I'll go to the grocery store and be masked, but, really, it's been very, very limited social interactions.

CONOR 00:50:35: Has the pandemic impacted your ability to get foods or food that you prefer, during the time?

KATY 00:50:46: Not too bad. I mean, I'll order takeout and that sort of thing. But cooking at home a little bit more, I would say, which isn't a bad thing.

CONOR 00:51:00: How has the pandemic impacted your sense of personal wellbeing?

KATY 00:51:07: I would say I'm a pretty positive person. So I found that I've been, honestly (*pauses*) okay, but I think it's because I try to ground myself in, even though I'm dealing with difficult situations, that I do have a job that my housing and food supply is not been limited, I've been healthy. I think the hardest burden that I'm feeling is this sense of responsibility to my co-workers, to my patients. When patients—we can't save everybody, or when we're bargaining and bargaining and I'm trying to get certain

protections, or better working conditions for my co-workers and some of those things we still haven't gotten yet. That's been really hard on me because I do feel this sense of responsibility. And I'm working full-time and, in bargaining, we don't get paid extra for this. I bargain on top of my work schedule and this week and last week, I worked all night and then bargained all day. So, didn't sleep for close to 24 hours, just because I think it's the work I do at the bedside is just as important as the work I do with the union. But that's just been physically exhausting.

CONOR 00:52:43: I wonder if you can walk me through a typical day during your life during the pandemic, from the time you wake up to to the time you go to sleep.

KATY 00:52:53: Honestly, it's not much different when I'm working. I kind of haven't altered that schedule. On my days off, though. I mostly stay home, try to get housework done. But again today, after this call, I have another phone meeting with the nurse staffing committee, I have a brief meeting with a labor relations person over some of our bargaining. So, on my day off, I do stay busy with some different union duties.

CONOR 00:53:33: Do you have children that you have to provide childcare to?

KATY 00:53:38: No, I don't have any children so I am very lucky. *(laughs)* [? Well, I shouldn't say that ?]*(laughs)* I guess I'm lucky that I don't have to worry about that. I think it's very lucky for people that have children, but it's definitely been a challenge where I know I have some co-workers that work nights. They'll work all night and then come home, try to set their kid up with their Zoom school, having to do that challenge and I— From what I've heard from co-workers, I think a lot of their kids well-being has been tough. Not being able to see their friends, having to do this all over the internet. I think there's more to learning than just math, science, history. There's a lot of social learning that goes on when you can interact with each other and I know that's been very tough on kids.

CONOR 00:54:39: Did you play a broader role in your community: your friends or the community that you're you're part of, in understanding the pandemic or helping them understand?

KATY 00:54:51: I think I try to educate when I can just being a healthcare worker. I balance with that not trying to be too forceful with what—and respecting other people's opinions about things, but do try to share what I've been experiencing, that this is serious, especially for some that I know don't want to take it seriously.

CONOR 00:55:24: There were a wave of protests of a new resurgent civil rights movement came out at the same time as COVID, spring or early summer. I wonder if you can observe any your experiences of the movement and whether your union or you had any— were impacted or had any participation in the Black Lives Matter movement?

KATY 00:55:49: Yeah, I totally agree with you, there's been a resurgence, and a lot of attention in general to racial inequities. I will say, unfortunately, this is not anything new. Even when we bargained in the summer of 2019. I think people think bargaining has to do with wages, money, but one of the big things we bargained for during our normal contract bargaining was language around equity, diversity and inclusion, systemic racism in the workplace which, I'm glad that was highlighted during this pandemic time, because it's really important work. And what I've seen at Harborview—I think people think racism is is a certain thing, maybe overtly a racial slur. But what we know in the workplace, are these what we call microaggressions, [tone policing], where someone may say, I feel like you're being disrespectful by the tone, you're you're using, you're really loud. And they're targeting certain people of color. So that's something that we'll refer to as a tonal policing. So I think there's been a lot more work and then use for people to talk about this now, which I think is really positive. But unfortunately, it was a problem before COVID and I think it will continue to be, but I'm glad that there's actually work—a little bit more highlight on work to be done around this. And then the other thing we've seen is some of the racial inequities in patients that are positive with COVID, definitely more people of color have been affected by this. Again, that's not new. People of color have had certain worse healthcare outcomes. And then that's also healthcare workers of color have had more higher rates of COVID. More deaths. So that's also something just from like healthcare worker standpoint. This was from some CDC data back in September, but healthcare personnel that have died of COVID tend to be older, male, black and Asian, and underlying health conditions. So even for healthcare workers, there is some racial inequities.

CONOR 00:58:37: Wow, this is. You've given me a whole group of other questions I want to ask you. So in relation to the contract language, and in your bargaining goals relating to EDI, you mentioned that you were already doing it as a union in 2019 when you were bargaining. What were some of your goals? And what was some of the contract language that you won?

KATY 00:58:57: Sure, I think some of the goals were really education around this and to make sure that workers felt supported and could find a way to flag if there was certain issues, or they were experiencing certain levels of racism. And not only with the education on that, that there were safe, what felt like safe spaces, so maybe there'd be some education with everybody. But then there was also a venue for just maybe people of color to meet and talk about some of these issues. Or if you're Black to talk about these issues separately from someone that may be white, or if you're white, to have that separate space to feel safe to talk about issues of racism, not in front of people of color. And to also just even say that we do know this is an issue and this is something as institution we want to work on rather than that denial like, "This doesn't happen here. You know, we're a very racially diverse workplace," because I don't think there's any workplace that this does not happen at some level. So even that recognition that this is work that needs to be done, and we're willing to do that work, rather than that doesn't happen here.

CONOR 01:00:22: Yeah, and I really appreciate you putting into context that, you know, the new wave of Black Lives Matter, not only is it not new, these structural—these issues of structural racism, but it's



not even the first wave of Black Lives Matter. But in terms of the most recent activism, can you think of any actions that you or the union took in relation to the most recent campaign?

KATY 01:00:48: I would say we've reached out again, to administration about really wanting to partner with them with some of this education, we'd won this contract language to have a committee to look at equity, diversity inclusion. And then there were some seminars going out through different educators throughout the University of Washington, but some of the union members on the committee they did not include. So we're kind of saying to them, "Hey, we brought this forward, back in 2019. Please include us on—I'm glad that some education is going around and some seminars and are being offered. But please include us because we've been really pushing this work since last year, to be in our contract, we don't want to be left out of this mess, things move forward." And then I think the other area that I personally worked on is, again, with the ECMO patients, a lot of those patients we've seen are people of color, and just really partnering with the whole ECMO team, you know, our physicians, our respiratory therapists, other operators that let's make sure we're giving good equitable care, because there are going to be different challenges. Again, like I was saying, some of our patients— Because their families were either working or didn't have access, easy access to internet, communication was an issue. And just saying, we need to be making sure we're communicating with those families, just as much as other families that have maybe a little bit more resources.

CONOR 01:02:35: So these next questions are more like his sort of, like big picture ones. And I wonder if you can, just how do you think life will be different After all, this?

KATY 01:02:48: It's hard to say. I think everyone, including myself, is really just wanting things to be back to normal. It's early to tell, but I know me and my co-workers have said, we wouldn't be surprised moving forward, if all healthcare workers, if we have to just be masked at work, if we have to have eye protection at work. I'm hoping through the hardship that some things like this patient advocacy staffing will continue. And that, as a result, we'll be better because these resources were stretched so thin. So that's the hope overall, but I think there does feel like there's going to be a lot of reckoning when we look back and say, Wow, there were so many so many deaths. What can we do better next time? So this can can never happen again.

CONOR 01:03:47

What do you think is surprised you the most about the this period of time?

KATY 01:03:56: These are some of the hardest working conditions that I've ever worked through. I think it just shows that you know, healthcare workers are asked to do more and more and more and more and we can do it. But it showed me that our employer does have a responsibility. They're asking us to do a lot we have the right to ask our employer to do more and more to to help us support through this time. But yeah, this has been, definitely, I think looking back will be a very unique period that when you're in it, you maybe don't realize it, but I've heard from older co-workers that said early on, Wow, this is like

when HIV, we didn't know anything about it at first, kind of came about because there's just this fear, anxiety, this unknown. So I think very unique times.

CONOR 01:04:53: Have you had any positive experiences?

KATY 01:05:00: I would say some of my personal positive experiences have been a sense of togetherness within my co-workers. In the past, like I said, I've worked on the trauma, surgical ICU. Those are the co-workers I'm most exposed to. But a lot of us have been floating to different areas, working to different areas, working with a lot of different union members, not only SEIU, so just kind of that sense of community and those connections have been a really positive experience.

CONOR 01:05:31: Do you have any other thoughts that you want to share? Or is there anything I missed that you feel like it's important to talk about?

KATY 01:05:40: I would say the one thing I didn't mention that I should because I think it's only right is, this has been a burden on everybody—COVID, but, like I said, there was no COVID unit before COVID. They had to turn the neuro ICU and the the medicine acute care units at Harborview into COVID units. Those workers have literally taken care of more COVID positive patients than anyone else in the whole entire hospital. Even the physicians sometimes won't always go into the rooms. We're literally on the phone, speakerphone, telling them what's going on in the room. So really, it's health— It's nurses and respiratory therapists that've had the most direct exposure. And I feel like those workers are really under-recognized. And our ED [Emergency Department] staff, I would say, because you're the front line, and you don't know what's walking in your front door. And there's a lot of people down there, it can be chaotic. And one thing that we are wanting to recognize for that staff is they're not in their home unit anymore. Their home unit doesn't exist. They really deserve a float premium and they still have not gotten this. And we don't get hazard pay. There's been multiple workers from other industries, and they totally deserve it. I know some Starbucks workers got hazard pay for a while. And it's totally deserved. But even the healthcare workers that are working directly with these patients, we haven't got any hazard pay, especially those nurses. And I just don't think it's right. It's something that union continues to fight for. And we've gone through our grievance process and now we're on our arbitration process. But I do want to recognize that group has really taken the brunt of this burden. And I think it's very unrecognized.

CONOR 01:07:46: Thank you. That was one thing I meant to ask you about hazard pay and I missed it. Thank you so much for covering that.

KATY 01:07:51: Yeah, sure.

CONOR 01:07:54: Well, thank you so much for making time to be interviewed. If you don't have any other, anything to add and you feel like we've covered everything, I wanted to thank you so much for

your time. And if it's okay with you, I'll stop recording but then thank you when I stopped the recording, okay.

KATY 01:08:09: Yeah. Great. Thank you. Thanks.